24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E) FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Congressional Leadership Fund						
					C C00504530	
Check if 24-hour report 48-hour report New report Amends report filed on 10 / 13 / 2016						
Full Name of Payee					of Public Distribution/Dissemination	
American Media & Advocacy Group					10 11 2016	
Mailing Address 815 Slaters Lane				Amo		
City		State	Zip Code	— I	595156.00	
1			22314			
	Purpose of Expenditure Media placement		Category/ Type 004		10 07 2016	
Name of Fed	leral Candidate		Support	Office Soug	ht: X House District: 10	
Bennett, LuA	nn, , ,		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought 595519.33			Disburseme	nt For: Primary	
Full Name o	Payee				of Public Distribution/Dissemination	
The Pros	per Group			1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 435 East Main Street				L		
	Suite 250			Amo	unt	
City		State	Zip Code		83928.00	
Greenwood	Greenwood IN 46143			Transaction ID : 002 Date of Disbursement or Obligation		
Purpose of E Media place			Category/ Type 004] [M 10 / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	
Name of Fed	deral Candidate		Support	Office Soug	ht: X House District: 10	
Bennett, Lu	nn, , ,		x Oppose	Presid	dent Senate State: VA	
	r Year-To-Date		679447.33	Disburseme 2016	ent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Crosby, Caleb, , , [Electronically Filed] Date 01 19 2017						
Signature						